



State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES
Subsurface Systems Bureau
29 Hazen Drive, PO Box 95, Concord, NH 03302-0095
603-271-3501
Fax 603-271-6683



Application for Permit INSTALLER OF SUBSURFACE DISPOSAL SYSTEM

As provided for under RSA 485-A:35 (Chapter 339, Laws of 1989)

INSTRUCTIONS: Please type or print in ink. PERMITS ARE NON-TRANSFERABLE
Answer all questions.

1. GENERAL INFORMATION

A. Date _____, 20____

B. Name in full _____

Last First Name Middle I.

C. Social Security Number _____

D. Place of Birth _____ Date ____/____/____

Mo. Day Yr.

E. Mailing Address (No. & Street) _____

City/State/Zip Code _____ Tel. _____

F. Business Address (No. & Street) _____

City/State/Zip Code _____ Tel. _____

G. Do you hold an equivalent permit from another state? Yes _____ No _____

If yes, give name of issuing authority, date of issue and enclose proof

H. Approximately how many hours per week do you devote to installing sewage disposal systems? _____

2. REFERENCES AS TO QUALIFICATIONS

Applicant will give the name and address of at least three persons, unrelated to him/her, having knowledge of the applicant's technical background and relevant qualifications (include local officials where possible).

Name:

Address:

Attach unmounted
recognizable photograph
in this space with face not
more than 1 inch or less
than 3/4 inches wide.

(Photograph taken not more
than six months prior to
filing application is
required).

3. EDUCATION

Name and Location of Schools Attended	Years From To	Date Graduated	Course	Degrees or Certificate Rec'd

4. The Permittee, by this application, agrees to perform all construction in accordance with the provisions of RSA 485-a or local code, whichever is more stringent and to cease construction and notify the Division should the site information on the approved plan be incorrect.

5. AFFIDAVIT, STATE OF _____, COUNTY OF _____
being duly sworn says that he/she is the person who is referred to in this application; that the statements herein contained are true in every aspect and that he/she has complied with and will continue to comply with all requirements of law.

Sworn to before me this _____

(Signature of Applicant)

(Seal)s/ _____

(Person Administering Oath)

6. APPLICATION FEE

Make check, postal money order, or express money order payable to the TREASURER, STATE OF NEW HAMPSHIRE. **DO NOT SEND CASH!**

It is important that the Division be notified immediately upon change of address.

Application fee is \$40.00. Permits begin January 1st, and expire December 31st, of each year. Annual renewal fee is \$40.00. If not renewed by December 31st, new application (and exam) will be required.

7. Use this space for any additional information or for continuation of answers to previous questions (refer to question by number).

(USE ADDITIONAL SHEETS IF NECESSARY)

THE DIVISION MAY REVOKE THIS PERMIT AT ANY TIME FOR JUST CAUSE

